

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>America Speaks PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00602623	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carter-Pritchett Advertising, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 04 / 2016</b>	
Mailing Address <b>PO Box 2648</b>		Amount <b>3600.00</b>	
City <b>North Fort Myers</b>	State <b>FL</b>	Zip Code <b>33918</b>	Transaction ID : <b>SE.4207</b>
Purpose of Expenditure <b>Billboard Advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>45826.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Clear Channel Outdoor Advertising</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 04 / 2016</b>	
Mailing Address <b>99 Park Avenue</b> <b>2nd Floor</b>		Amount <b>35226.00</b>	
City <b>New York,</b>	State <b>NY</b>	Zip Code <b>10016</b>	Transaction ID : <b>SE.4206</b>
Purpose of Expenditure <b>Billboard Advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>42226.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>38826.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>38826.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cooley, William, O, ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2016**

Signature